

EXHIBIT "M"

# SUBURBAN BANCORPORATION, INC. EMPLOYEE STOCK OWNERSHIP PLAN REQUEST FOR DISTRIBUTION

Employee Name Lori S. Francony  
 Street Address 1010 W. North St.  
 City, State Zip Piqua, OH 45356  
 Social Security # 269-666-7054  
 Date of Birth 9-4-58  
 Hire Date 5-6-96 (1 yr. but less than 3 yrs. of service as of 5/3/99)

XX L/S Payment                      Installments A,M,Q Starting                     

Stop Date                      Estimated Stop Date                     

Date Employee Received/ Signed Special Tax Notice 5-15-2001

Date of Retirement / Termination / Death Active

Earliest Date of Distribution IMMEDIATELY

*Attached Copies:*

Rollover Request X Lump Sum Request                      Force Out                     

**SPECIAL NOTES:**

Payable to 5/3 master Profit Sharing Plan  
FBO Lori S. Francony

CERTIFICATE ALL STOCK ☐ YES ☒ NO

SU2072

Requested By: Shirley Thomas Date 5/16/2001  
 Shirley Thomas

Approved By: Jim Ginton Date 5/16/01  
 Jim Ginton, Profit Sharing Committee Member



# ROLLOVER TO FIFTH THIRD BANCORP MASTER PROFIT SHARING PLAN

## Rollover Form For Employee FORM (A)

Name of Former Plan: Suburban Bancorporation, Inc. Employee Stock Ownership Plan

I request that the value of my shares in the Former Plan be invested in my Rollover Account in the Fifth Third Bancorp Master Profit Sharing Plan as elected below

### ROLLOVER ACCOUNT INVESTMENT ELECTIONS ONLY

I hereby authorize and direct the investment of my rollover account as follows:

I want my rollover account invested in the following funds. I may choose any combination. Each investment must be a whole percentage from 1% to 100%. Combination total must equal 100%. If I do not make an election below my rollover account will be invested in the Fifth Third Prime Money Market Fund.

Fifth Third Prime Money Market (AH)	<u>50</u>	Fifth Third Mid Cap Fund (AC)	<u>20</u>
Fifth Third Fixed Income for EB (AS)	<u>          </u>	Fifth Third International Fund (AG)	<u>          </u>
Fifth Third Balanced Fund (AY)	<u>          </u>	Fifth Third Technology Fund (AT)	<u>          </u>
Fifth Third Value Fund (AU)	<u>          </u>	Fifth Third Stock Fund (AK)	<u>20</u>
Fifth Third Quality Growth Fund (AD)	<u>10</u>		

Lori Francony  
Employee Signature

5-7-01  
Date

Lori Francony  
Employee Name (Printed)

269-66-7054  
Social Security Number

937-773-1212  
Work Phone #

326111  
Mail Drop Location #

Return this form to MD 10AT41 by May 11, 2001 for processing.

Richard Levo  
Approved By FTCI Benefits Plan Administrator  
James Gidoni/ Trina Campbell/ Richard Levo

5/16/01  
Date

**SUBURBAN BANCORPORATION, INC.  
EMPLOYEE STOCK OWNERSHIP PLAN**

**MAY 16 REC'D**

**REQUEST FOR DIRECT ROLLOVER OR DISTRIBUTION**

Before completing this form, read the Description of Optional Forms of Payment and Special Tax Notice Regarding Plan Payments.

Distribution generally cannot be made to you unless you consent by completing this form and returning it to the plan administrator.

The undersigned participant hereby requests distribution of his or her lump sum benefit under the plan. The undersigned participant requests such distribution to be made as soon as administratively feasible subject to the provisions of the plan. Distributions will commence as soon as administratively feasible after you have returned this form, properly completed, to the plan administrator.

If the distribution you are to receive qualifies as an "eligible rollover distribution" as described in the Special Tax Notice Regarding Plan Payments, then you may elect a direct rollover using this form. You have at least 30 days to decide whether or not to elect a direct rollover, and if you return this form before the end of 30 days, you are electing to waive that period (so that your election can be implemented sooner, if possible).

An eligible rollover distribution (or portion thereof) may be directly rolled over to no more than one eligible retirement plan. You may not elect a direct rollover with respect to eligible rollover distributions during a year that are reasonably expected to total less than \$200.

**NOTE:** If your vested account does not exceed \$5,000, it will be paid in cash subject to applicable withholding unless you elect to receive such payment in whole shares of Fifth Third Bancorp common stock and/or elect a direct rollover (for payments of at least \$200) to an eligible retirement plan.

Indicate the form in which you want to receive your lump sum distribution under the plan:

☐ whole shares of Fifth Third Bancorp common stock to the extent your Account is invested in such securities, with the remainder in cash.

☐ cash

- 2 -

DIRECT PAYMENT/DIRECT ROLLOVER ELECTION

- ☐ (1) 100% payment to you (subject to applicable withholding); or
- ☒ (2) 100% Direct Rollover of eligible rollover distribution (any portion of payment not qualifying as an eligible rollover distribution will be paid to you); or
- ☐ (3) Partial Direct Rollover of \$ \_\_\_\_\_ or \_\_\_\_\_ % (\$200 or more) of your eligible rollover distribution and the remaining amount paid to you (subject to applicable withholding).

If you elected (2) or (3) above, indicate the eligible retirement plan to which you want to make the direct rollover:

- ☐ IRA (Individual Retirement Account or Individual Retirement Annuity)

Name and Address of IRA Trustee or Custodian:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No.: \_\_\_\_\_

- ☒ Employer Qualified Defined Contribution Plan or 403(a) Annuity Plan (before making this election, verify with new employer that its plan accepts direct rollovers)

Name and Address of Employer Qualified Defined Contribution Plan or 403(a) Annuity Plan:

5/3 Master Profit Sharing Plan  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone No.: \_\_\_\_\_

The undersigned participant certifies that any IRA or Qualified Retirement Plan named below is an individual retirement account, an individual retirement annuity, and qualified trust described in Internal Revenue Code ("Code") Section 401(a) or a qualified annuity plan described in Code Section 403(a) and that it will accept a Direct Rollover from the Plan. You understand that 20% of the eligible rollover distribution will be withheld for taxes unless you elect a Direct Rollover, and that you may owe a 10% excise tax if you are not at least age 59½. You agree to receive a distribution in a lump sum in cash if your election for a Direct Rollover is

- 3 -

not valid. You direct this payment to be made in accordance with the elections below for any additional amounts that may be credited to your account within 90 days of your signature.

The plan administrator may require you to provide a statement from the plan you designated as an eligible retirement plan that such plan is, or is intended to be, an individual retirement account, an individual retirement annuity, a qualified trust described in Internal Revenue Code Section 401(a) (with the limitations described in Section 401(a)(31)(D)), or a qualified annuity plan described in Section 403(a) as applicable, and that it will accept the direct rollover for your benefit.

Elections are subject to, and may be overridden by the minimum distribution rules and the terms of the plan.

Dated: 5-15, 2001

*Lori Franconi*  
Participant's Signature

Lori Franconi  
Participant's Name (printed)

837344.1 (Word)

SU2076